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Form 1: Program Description and Response Form
GDYT Instructor-Led Pre-Apprentice Training Services RFP
If proposing multiple training programs, a separate response form is required to be submitted for each unique program proposed by Applicant

Applicant Name:

Section 1: Summary

A. Provide summary that outlines background/history of your organization and services provided. Also provide the number of years of experience providing educational services to individuals ages 16-24 with barriers to employment low-income, lack stable transportation and childcare, limited work experience, etc.

Section 2: Program Details

Program Title:

A. Select the occupational group Applicant proposed training services are aligned with proposed training services.

- ○ Construction
- ○ Entertainment
- ○ Healthcare
- ○ Hospitality
- ○ Information Technology
- ○ Manufacturing
- ○ Retail
- ○ Transporation
- ○ Other, *Please describe*

B. Describe Training Type: *(Check all that apply)* ☐ In Person ☐ Virtually ☐ Hybrid: In Person and Virtually

C. Identify the duration and intensity for proposed training	# Weeks:	# Hours/ Week:	# Days/Week:	Total Hours of Instruction:

D. Describe how the proposed training program prepares participants for employment in the occupation group selected above (#1.A.)?

E. Provide Physical Address(es) where Training will be delivered. *Provide an attachment if additional space is needed.*

F. Describe length of time proposed program has been in operation.

G. Describe the trainer / instructor to participant ratio for proposed program. For each instructor, how many participants will be assigned?

to

Additional Program Information Requested

H. Program Outcomes. Indicate **a minimum of one (1)** outcome for training participants. *Select all that apply*.

☐ Industry Recognized Credential ☐ Hours toward an industry recognized credential ☐ Employment (unsubsidized)

If an industry recognized credential is checked, provide the following information:

Name of Credential:

Entity Issuing the Credential:

A. Attach a copy of the curriculum or syllabus for the proposed program.

B. *If any portion of the proposed program will be delivered online*, **describe the platform to be utilzed (Zoom, Microsoft Teams, etc.) to conduct virtual training. Also describe how training** activities will be monitored. *Indicate **Not Applicable** if all instruction will be delivered in-person.*

C. **Describe** how participants will be informed of educational requirements, industry recognized credentials and career opportunities related to the occupational training interest.

D. **Describe** program components that must be achieved by participants for successful completion of the training program.

E. **Expected Outcomes.** How will you support training participants to be successful and engaged to complete training program?

F. **Barriers.** What barriers has your organization encountered with participants age 16-24?

G. **Engagement.** How will you engage participants to identify and alleviate barriers participants may face?

H. Attach Workplan. *Plan should provide a comprehensive description of services, key activities to be performed, deliverables, timetables, frequency (daily, weekly, etc.) and staffing that will perform activities. Provide an example of an agenda for a typical training day.*

I. Community Service Project. Describe a minimum of two (2) community service projects participants may have an opportunity to participate in to develop a sense of pride and ownership for the community in which they live.

1. **Example #1.** Describe a community service project and detail activities, duration and objective of service project.(required)

2. **Example #2.** Describe a community service project and detail activities, duration and objective of service project. (required)

Section 4: Applicant Capacity

A. Attach resumes for key staff providing key services as a result of this RFP. *Resume should detail experience, education, skills, as applicable.*

B. Attach Organizational Chart

C. Data Collection and Reporting. **Describe** staff resources assigned to track and document participant progress, conduct data collection and reporting.

D. Describe your method for protecting personal information (electronic and hard copy) participant's progress be managed and documented?

E. Fiscal Capabilities. Describe capability of staff responsible for invoicing and financial management activities.

Confirmation of Requirements

F. Applicant will attend GDYT Career Connections Fairs and participate in youth selection and retention activities. ◯ Yes ◯ No

G. Applicant is aware of requirement to obtain and maintain verification of background clearance for staff providing direct service to participants. ◯ Yes ◯ No

H. Indicate if Applicant will collaborate effectively with assigned DESC staff responsible for overseeing and facilitating achievement of key GDYT outcomes. ◯ Yes ◯ No

I. Technical Capacity Select option that best describes Applicant's skill with the following applications/technologies.

Skill / Activity — Experience Level:	None	Beginner	Intermediate	Advanced
1. **General Computing** (keyboarding, web searches, etc.)	◯	◯	◯	◯
2. **Email** (Sending and Receiving, attaching documents)	◯	◯	◯	◯
3. **Microsoft Word** or similar word processing activities	◯	◯	◯	◯
4. **Microsoft Excel** or similar spreadsheet applications	◯	◯	◯	◯
5. **CareerEdge** GDYT Administrative application	◯	◯	◯	◯

Documentation of the business structure.

J. Attach Entity's business registration documentation registered to conduct business. (e.g. corporation., LLC, sole proprietor, partnership, etc.) Include 501 (c)3 papers (if applicable)

Section 5: Performance History

A. Enrollment Measures - Youth Ages 16-24

1. Number of Youth participants enrolled in Applicant's program (between 01/01/2019 - 12/01/2021)	
2. Number of youth participants that completed applicant's program as of 12/01/2021	

B. Credential Attainment Measures

1. Number of Students who obtained an industry recognized credential	
2. Number of Students who earned hours towards an industry recognized credential	

C. Contracts and Legal

1. Contract Termination Information. Indicate if Applicant's has had a contract terminated for any reason within the last five (5) years? ◯ Yes ◯ No

2. Claims or Lawsuits. Indicate if any claims or lawsuits brought against the individual or organization proposing service within the last five (5) years. ◯ Yes ◯ No

Section 5: Performance History *Continued*

The applicant shall provide the following information that demonstrates a proven track record.

Past Performance eference

Provide description of no more than two (2) similar contracts providing youth services or other federal workforce funded projects conducted within the last five (5) years.
If applicant does not have experience managing federally funded programs, they should select other public funded workforce contracts or privately funded contracts that included goals similar to DESC's federal programs.

D) Contract Description #1 (Required)

D1) Contract Details #1:
Detail the organization, dates of service of contract, scope of services requested and applicant's resulting accomplishments/outcomes.

D2) Contract References #1: Provide reference information that can attest to the qualifications presented in this bid proposal.

Contact Name:	
Email Address:	
Conact Phone Number:	
Mailing Address: *Provide street address; City, State, Zip*	

E) Contract Description #2 (Required)

E1) Contract Details #2: *Detail the organization, dates of service of contract, scope of services requested and applicant's resulting accomplishments/outcomes.*

E2) Contract Reference Information #2: Provide reference information that can attest to the qualifications presented in this bid proposal.	
Contact Name:	
Email Address:	
Contact Phone Number	
Mailing Address: *Provide street address; City, State, Zip*	

Section 6: Price Proposal

Participant Training Cost should be inclusive of all instruction, materials, equipment, and other related costs.

Number of Participant to be served:		Training Cost Per GDYT Participant:	

F. Applicant will not request payment from participants for any services, materials, equipment or other items. Applicant understands that violation of this provision can result in contract termination or disbarment from partnership with DESC.

Yes No

Additional Inquiry. *This information is voluntary and will not be evaluated.*

Please describe your ability to service differentially abled participants. Provide details regarding ADA accessibility, etc. Provide information regarding activities, etc. that participants may engage.

The Following Attachments are included with proposal in response to Form 1:

- [x] **Curriculum or syllabus in response to 3A.**
- [ ] **Work plan in response to 3H.**
- [ ] **Resumes in response to 4A.**
- [ ] **Organizational Chart in response to 4B.**
- [ ] **Documentation registered to conduct business in response to 4H.**